

GRIEVANCE DISPOSITION

DER FILE NUMBER

Distribution/Instructions:

Complete original and five copies. Give the original to the employee involved. Send two copies to the DER-Labor Relations Division, Room 701 – City Hall. Keep two copies for your departmental records. Send the fifth copy to the employee's union representative. Answer grievance within the time limits.

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|--|--|------------------------|-----------------|
| Employee's Name: | | | |
| Job Title: | | | |
| Union: | | | |
| Department of Bureau: | | | |
| Date of Grievance Initiation: | | | |
| 1. What are the issues involved in this Grievance? | | | |
| | | | |
| 2. What is your decision? | | | |
| | | | |
| 3. What is the basis for your decision? | | | |
| | | | |
| 4. Names of persons with whom this Grievance was discussed: | | | |
| | | | |
| | | | |
| <i>Signature</i> | | <i>Title</i> | <i>Date</i> |
| | | | |
| <i>Name (please print)</i> | | <i>Dept. of Bureau</i> | <i>Division</i> |